

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Radiology Association Political Action Committee

ADDRESS (number and street)

1891 Preston White Drive

☐ Check if different than previously reported. (ACC)

Reston

VA

20191

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343459

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Taxin M.D.

Signature of Treasurer

Richard Taxin M.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
02 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">599906.55</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">679994.30</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">92934.74</span>	<span style="border: 1px solid black; padding: 2px;">262460.55</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">772929.04</span>	<span style="border: 1px solid black; padding: 2px;">862367.10</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">82660.86</span>	<span style="border: 1px solid black; padding: 2px;">172098.92</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">690268.18</span>	<span style="border: 1px solid black; padding: 2px;">690268.18</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Radiology Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2013
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

72814.85

223591.66

(ii) Unitemized .....

20118.77

38866.46

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

92933.62

262458.12

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

92933.62

262458.12

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.12

2.43

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

92934.74

262460.55

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

92934.74

262460.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1160.86	2898.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1160.86	2898.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	169000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	200.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82660.86	172098.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82660.86	172098.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	92933.62	262458.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	92933.62	262258.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1160.86	2898.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1160.86	2898.92

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Corrects beginning cash on hand (Line 6) since previous report was amended.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sadri Akin**

Mailing Address 14 La Sierra Dr

City State Zip Code  
Pomona CA 91766-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2013

Transaction ID : B024B6764C7BF4ABB92

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mark Alson**

Mailing Address 6641 N Forkner Ave

City State Zip Code  
Fresno CA 93711-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2013

Transaction ID : CDC76AC7ADF689A7F1B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thomas Anderson**

Mailing Address 2120 W Schiller St

City State Zip Code  
Chicago IL 60622-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Physicians, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2013

Transaction ID : 358E0C0D64E3373027F

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Atalay**

Mailing Address 70 Bailey Blvd

City

East Greenwich

State

RI

Zip Code

02818-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : B6BA48C938895701FD1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Leyla Mohass Azmoun**

Mailing Address 7223 N Chris Ave

City

Fresno

State

CA

Zip Code

93720-0312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates Medical Grou

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2013

Transaction ID : E80146A859910721FE1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Laura Bancroft**

Mailing Address 375 Virginia Dr

City

Winter Park

State

FL

Zip Code

32789-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 05 / 2013

Transaction ID : B2BBC1CE-6C2F-407E-

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jodi Barboza**

Mailing Address 5001 Sparks Rd

City

Little Rock

State

AR

Zip Code

72210-4955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 08 / 2013

Transaction ID : BCD94DD93100C2E6B52

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Michael Beland**

Mailing Address 10 Keyes Ct

City

East Greenwich

State

RI

Zip Code

02818-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : 23CB86EB91A7C43EB46

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. F. Keith Bell**

Mailing Address 507 W Ridge Dr

City

Conway

State

AR

Zip Code

72034-5524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2013

Transaction ID : 6EB295B423FD2768911

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1950.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 64

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Benedikt**

Mailing Address 501 Patterson Ave

City

San Antonio

State

TX

Zip Code

78209-5632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

**Transaction ID : 101FE7CAC5AD53AC9A1**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Timothy Bernauer**

Mailing Address 13 Pintail Pl

City

Appleton

State

WI

Zip Code

54913-8068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Appleton

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	3

**Transaction ID : 42B599F7AE6A0FA0EC89**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jerrold Boxerman**

Mailing Address 24 Eisenhower Dr

City

Sharon

State

MA

Zip Code

02067-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

**Transaction ID : 25E429E78C52FB73485**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory Boys**

Mailing Address 46 Spring Lake Dr

City  
San Antonio

State Zip Code  
TX 78248-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 2994A34279537E6B682**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James Brink**

Mailing Address 175 Cambridge St  
FI 2

City  
Boston

State Zip Code  
MA 02114-2743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale Univ Sch of Med

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2013

**Transaction ID : 68099224-B750-4A16-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Jeffrey Brody**

Mailing Address 7 Ronald Rd

City  
Barrington

State Zip Code  
RI 02806-4806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 98FD1E6FBDA6C778A09**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Frank Browne Jr.**

Mailing Address 509 W French Pl

City

San Antonio

State

TX

Zip Code

78212-3690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

Transaction ID : E124643DDDCCF68379E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cheri Canon**

Mailing Address 1533 Woodridge Pl

City

Vestavia

State

AL

Zip Code

35216-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U of Alabama School of Med

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 26 / 2013

Transaction ID : ED1F3AA6-D5AC-4ED9-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John Cassese**

Mailing Address 200 Boulder Way

City

East Greenwich

State

RI

Zip Code

02818-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : CE2AA64E29BBBD78BB5D

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 64

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin Chang**

Mailing Address 73 Norwood St

City

Sharon

State

MA

Zip Code

02067-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

**Transaction ID : 7CA1D37F813CBF3C20D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Clement**

Mailing Address 803 Garraty HI

City

San Antonio

State

TX

Zip Code

78209-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

**Transaction ID : 76BCACD2BB623942E65**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Layne R Clemenz**

Mailing Address 725 River Rd

City

Columbia

State

SC

Zip Code

29212-8809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lexington Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2013

**Transaction ID : 38132E5AC9B0B1406B6**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 14 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. W. W Conwell**

Mailing Address 293 Piney Bluff Rd

City State Zip Code  
 Rembert SC 29128-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pitts Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2013

**Transaction ID : 4FFAB92171E438676684**

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

**B. James Courtney**

Mailing Address 27 Hillwood Rd

City State Zip Code  
 Mobile AL 36608-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Mobile

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : 480FA054FA2E57683AE1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kevin Cregan**

Mailing Address PO Box 1757  
 Wayne Radiologists

City State Zip Code  
 Goldsboro NC 27533-1757

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Radiologists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 02 / 2013

**Transaction ID : E1AC4C685FB8120BE0D**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

916.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Cronan**

Mailing Address 6 Atlantic Xing

City State Zip Code  
Barrington RI 02806-2358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 28 2013

**Transaction ID : 452C712B4C5F037C689**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Keith Crow**

Mailing Address 523 Berwick Town

City State Zip Code  
San Antonio TX 78249-2080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Group, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 28 2013

**Transaction ID : C1DC24EB66E51CAEEDC**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Bhavika Dave**

Mailing Address 959 Lake Harbour Dr  
Apt 1101

City State Zip Code  
Ridgeland MS 39157-1076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi Medical Cent

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 03 2013

**Transaction ID : 36F68465-3249-4F94-**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Lawrence Davis**

Mailing Address 5 Veritas Way

City  
Barrington

State  
RI

Zip Code  
02806-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

Transaction ID : 3FEA37C0C4AFF6BDFE5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Larry De St Jeor**

Mailing Address 6107 N Fresno St

Womens Imaging Specialists, Ste 10

City

Fresno

State

CA

Zip Code

93710-8617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 26 / 2013

Transaction ID : 49A16844023198A3EE0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **c. Charles William Deaton Jr.**

Mailing Address PO Box 22403

City

Little Rock

State

AR

Zip Code

72221-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

Transaction ID : 7CDC4C2ABAE15E1BA1A

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda Donegan**

Mailing Address 125 Juniper Dr

City State Zip Code  
 East Greenwich RI 02818-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rhode Island Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 28 2013

Transaction ID : F21780EC8FB8C2BE62D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory Dubel**

Mailing Address 593 Eddy St  
 Brown Univ-Rhode Island Hosp

City State Zip Code  
 Providence RI 02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rhode Island Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 28 2013

Transaction ID : E02749583D2BFBE8DC1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven Dunnagan**

Mailing Address 150 Hickory Creek Cir

City State Zip Code  
 Little Rock AR 72212-2511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Radiology Associates, P.A.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 08 2013

Transaction ID : 34F227F51A053F79F48

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Damian Dupuy**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

State

Zip Code

Providence

RI

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 384224CCB6DE84CD573**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Paul Ellenbogen**

Mailing Address 6612 Cliffbrook Dr

City

State

Zip Code

Dallas

TX

75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Imaging & Interven specialis

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.68

Date of Receipt

MM / DD / YYYY  
02 / 09 / 2013

**Transaction ID : D4BFA5B421B591A7DCB**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

## **C. William Enochs**

Mailing Address 230 Poplar Ave

City

State

Zip Code

Wayne

PA

19087-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson University Ho

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 83A6B7B23509F09F7C8**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

558.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter Evangelista**

Mailing Address 24 Kayla Ricci Way

City

Saunderstown

State

RI

Zip Code

02874-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

Transaction ID : 9637CEF18A2C7A083E3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Hugo Falcon Jr.**

Mailing Address 412 Herrington Dr NE

City

Atlanta

State

GA

Zip Code

30342-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Diagnostic Imaging Specialists

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2013

Transaction ID : 4AA7225ADEB9AC50EF7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Scot Fishman**

Mailing Address 7825 S Mount Angeles Rd

City

Port Angeles

State

WA

Zip Code

98362-8358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 01 / 2013

Transaction ID : DEC614F5-ECF0-44CA-

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Matthew Forte**

Mailing Address 4 Nicols Ct

City

West Harrison

State

NY

Zip Code

10604-1114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Vincent Hospital Rm 2-44

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 4D5CF3224E4B3E49E98**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jerome Gehl**

Mailing Address 33 Edgehill Rd

City

Little Rock

State

AR

Zip Code

72207-5461

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : 3A67EE572329F03F964**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Paula George**

Mailing Address 15941 Kettington Rd

City

Chesterfield

State

MO

Zip Code

63017-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : A6985C167D77A752AA3**

Amount of Each Receipt this Period

1002.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2252.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Holly Gil**

Mailing Address 17 Adams Point Rd

City

Barrington

State

RI

Zip Code

02806-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 65A26DF93257BFCF717**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard Gold**

Mailing Address 200 Exchange St  
Unit 1216

City

Providence

State

RI

Zip Code

02903-2624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 87F1F0DECC65270C4D8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Golden**

Mailing Address 8401 Datapoint Dr  
South Texas Radiology Group, Ste 6

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 5EA0C2295B07591018F**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel Golding**

Mailing Address 6 Tina Ct

City

East Greenwich

State

RI

Zip Code

02818-1391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging I

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 9FC259BF760C007B4C1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Karen Goodhope**

Mailing Address 43 Aberdeen Pl

City

Saint Louis

State

MO

Zip Code

63105-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2013

Transaction ID : 3F45741524FF24BE39D

Amount of Each Receipt this Period

1002.00

Full Name (Last, First, Middle Initial)

**C. David Grand**

Mailing Address 21 Westford Rd

City

Providence

State

RI

Zip Code

02906-4943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 67DC1D5918142EFF15D

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1502.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward Green**

Mailing Address PO Box 321270

City

Jackson

State

MS

Zip Code

39232-1270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2013

**Transaction ID : 2C6C4A59-1B6A-4FE0-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. W. Lawrence Greif**

Mailing Address 130 Box Oak

City

Shavano Park

State

TX

Zip Code

78230-5628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 88196346DFEE4AB65FE**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Richard Haas**

Mailing Address 405 Seaside Dr

City

Jamestown

State

RI

Zip Code

02835-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : A97CCEC716E6D6F8CEB**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harry Hajedemos**

Mailing Address 319 Beacon Hill Dr

City

Cheshire

State

CT

Zip Code

06410-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midstate Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 02 / 2013

**Transaction ID : 766E29F1-A5D2-4348-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. G. Christopher Hammet**

Mailing Address 231 W Lynwood Ave

City

San Antonio

State

TX

Zip Code

78212-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : 500E965BFA340C7DD72**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Glenn Hananouchi**

Mailing Address 1545 E La Quinta Dr

City

Fresno

State

CA

Zip Code

93730-4525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2013

**Transaction ID : 72B3E5238D5F32CFBA0**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Terrance Healey**

Mailing Address 88 Amy Dr

City State Zip Code  
Cranston RI 02921-1704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2013

**Transaction ID : E303DAB801066F46126**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mark Healy**

Mailing Address 207 Blackjack Oak

City State Zip Code  
Shavano Park TX 78230-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Group, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2013

**Transaction ID : 7CD1890312A03376A71**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Thaddeus Herliczek**

Mailing Address 14 Winterberry Ln

City State Zip Code  
Westport MA 02790-2638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2013

**Transaction ID : 49DA8C2BAE615AB9FEC**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 26 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Herrington**

Mailing Address 1110 Laurel Pl

City

Athens

State

GA

Zip Code

30606-5789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athens Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : F7EC93DA677AF2BD127

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Mary Hillstrom**

Mailing Address 5 Whitney Dr

City

Lincoln

State

RI

Zip Code

02865-4639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 8D74C2A070A48273BBD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Hite**

Mailing Address 434 New Britain Dr

City

Lynchburg

State

VA

Zip Code

24503-2143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants of Lynchburg

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : 19D57789-74A9-4BEA-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 27 OF 64  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Iannuccilli**

Mailing Address 5 Cole Cir

City

East Greenwich

State

RI

Zip Code

02818-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 7BA6EE792B4298EC782**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Bryan Jay**

Mailing Address 9 Harbour Rd

City

Barrington

State

RI

Zip Code

02806-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 13E9953157D08F71D95**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mahesh Jayaraman**

Mailing Address 4 Kingsbury Ln

City

Foxboro

State

MA

Zip Code

02035-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : DE338FF1ABEE58F4AC6**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dale Johnston**

Mailing Address 500 S University Ave

Radiology Associates Pa, Ste 101

City

Little Rock

State

AR

Zip Code

72205-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

Transaction ID : BE257EC1EFF68498C56

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Peter Johnstone**

Mailing Address 8926 Waterside Cir

City

Indianapolis

State

IN

Zip Code

46278-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiation Oncology Division

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY  
02 / 22 / 2013

Transaction ID : 4C6CA12ECA792BECA908

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Hanan Khalil**

Mailing Address 20 Catamore Blvd

Rhode Island Medical Imaging Inc

City

East Providence

State

RI

Zip Code

02914-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bridgeport Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

Transaction ID : 9265BEED25E70E5C6DC

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Amy Kirby**

Mailing Address 14708 Hollyhock Dr

City State Zip Code  
Oklahoma City OK 73142-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eagle Eye Imaging

Occupation

Radiology Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 786A14A0BEAD41F2E7D

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Susan Koelliker**

Mailing Address 5 Lighthouse Ln

City State Zip Code  
Barrington RI 02806-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 2B9470ABA1688BD53AE

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ariel Kruger**

Mailing Address 3 Blenheim

City State Zip Code  
San Antonio TX 78209-8310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : CF29D8D39DDC8860D74

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard Kutilek**

Mailing Address 1853 S 107th St

City State Zip Code  
Omaha NE 68124-1065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Center Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : 78CDD1FAA0176019359**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Paul Larson**

Mailing Address 110 Stoney Beach Rd

City State Zip Code  
Oshkosh WI 54902-7243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of Fox Valley

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : 443A85A032BBC4B0733**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Elizabeth Lazarus**

Mailing Address 9 Half Mile Rd

City State Zip Code  
Barrington RI 02806-4113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : D5B9DA0F6D4F7A5B3DD**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Scott Levine**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : FE517F445FCDB1FDF1D**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Elaine Lewis**

Mailing Address PO Box 16052

City

Reading

State

PA

Zip Code

19612-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Reading Radiology Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2013

**Transaction ID : 82444013B373F1DF276**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ana Lourenco**

Mailing Address 7 Weston Ave

City

Foxboro

State

MA

Zip Code

02035-1863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 2B0C52BA6D089679762**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Martha Mainiero**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	3		

**Transaction ID : FC95713CDC2196F48C6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Veena Chandler Mathur**

Mailing Address 104 Ramsford Ln

City

Simpsonville

State

SC

Zip Code

29681-3650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Diagnostic Radiology of Anderson

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	3		

**Transaction ID : 24BB52FD-1ED0-4B2C-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Alan Matsumoto**

Mailing Address 3302 Rosebud Ln

City

Charlottesville

State

VA

Zip Code

22903-9348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UVA Health System

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	3		

**Transaction ID : 6685D46E11D744B1293**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William Mayo-Smith**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

State

Zip Code

Providence

RI

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 5E59ED69381855AA95B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kathleen McCarten**

Mailing Address 12 Oak Hill Dr

City

State

Zip Code

Lincoln

RI

02865-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Med Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 2C3D6ED32D72D081759**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John McGue**

Mailing Address 909 Ocean Blvd

City

State

Zip Code

Isle Of Palms

SC

29451-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charleston Radiologists, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2013

**Transaction ID : 1EC5CCF1AC6266C5D67**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barry Menick**

Mailing Address 306 Belvidere Dr

City

San Antonio

State

TX

Zip Code

78212-2003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : FFAD4D1BF6A33C7EA84**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Middlebrook**

Mailing Address 8401 Datapoint Dr

South Texas Radiology Group Pa, St

City

San Antonio

State

TX

Zip Code

78229-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2013

**Transaction ID : 5FB56EF93BEEA9F024A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Timothy E. Moore**

Mailing Address 981045 Nebraska Medical Ctr

Univ of Nebraska Medical Center

City

Omaha

State

NE

Zip Code

68198-1045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Nebraska Medical Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 05 / 2013

**Transaction ID : 9C604811644C7D2FBCF**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 64

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan Movson**

Mailing Address 381 Wayland Ave

City

Providence

State

RI

Zip Code

02906-4667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

**Transaction ID : AC8911ED3AA6D84954B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian Murphy**

Mailing Address 81 Mathewson Rd

City

Barrington

State

RI

Zip Code

02806-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

**Transaction ID : 60C354E5BB11381BE7F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Neumann**

Mailing Address 20 Pardons Wood Ln

City

East Greenwich

State

RI

Zip Code

02818-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	3

**Transaction ID : 3C570479B1C742B6862**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Arthur Noel**

Mailing Address 20 Catamore Blvd

Rhode Island Medical Imaging Inc

City

East Providence

State

RI

Zip Code

02914-1204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : 571C89BE0C2411A78D4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard Noto**

Mailing Address 1 Ferncliff Rd

City

Barrington

State

RI

Zip Code

02806-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : AF2F816B51FC7022891**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Orsi**

Mailing Address 202 Village Cir

City

San Antonio

State

TX

Zip Code

78232-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Texas Health Science Cen

Occupation

Radiology Resident

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : 345B21015F3BCCBF02A**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dipan Patel**

Mailing Address 319 Cinnamon Oak

City State Zip Code  
Shavano Park TX 78230-5641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiology Group, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 5B2DE23E50069292659**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. David Pennes**

Mailing Address 2059 E Wyndham Hill Dr NE  
Apt 303

City State Zip Code  
Grand Rapids MI 49505-6358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology Services

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : FA95ED2D0F58101E53C**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Stephen Penor**

Mailing Address 101 Dove Hollow Ct

City State Zip Code  
Hot Springs AR 71901-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Arkansas for Medical Sci

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2013

**Transaction ID : 5CCA5E96CEFAC21BAE0**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Pezzullo**

Mailing Address 175 Downing Dr

City

Johnston

State

RI

Zip Code

02919-6441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 0EB5748984A68321F50

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marcelle Piccoello**

Mailing Address PO Box 14717

Rhode Island Medical Imaging

City

East Providence

State

RI

Zip Code

02914-0717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 03C1E0BC4A2CD2D5469

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Paul F. Pizzella**

Mailing Address 20 Haverton Ln

City

Amherst

State

NY

Zip Code

14228-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southtowns Radiology

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2013

Transaction ID : BA106D39-8C01-4173-

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Pohl**

Mailing Address 755 Kraffel Ln

City State Zip Code  
Town And Country MO 63017-8060

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Deaconess Hospital Diagnostic Radiologist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : 0C22DED187283368F9B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ethan Prince**

Mailing Address 172 Wheeler Ave

City State Zip Code  
Cranston RI 02905-2710

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Rhode Island Medical Imaging Resident

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 232BF42C109A13B4E13**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Raskin**

Mailing Address 144 N Sewalls Point Rd

City State Zip Code  
Sewalls Point FL 34996-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Michael M. Raskin, P.A. Diagnostic Radiologist

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : F8DD1B839A174495388**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Mark Ridlen**

Mailing Address 50 Park Row W  
Apt 818

City State Zip Code  
Providence RI 02903-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 10DB57D9CBBF03CECAD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Bonna Rogers-Neufeld**

Mailing Address 465 W Bluff Ave

City State Zip Code  
Fresno CA 93711-6900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : 6787DB867957645C1A4**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Jeffrey Rogg**

Mailing Address 60 Pheasant Dr

City State Zip Code  
East Greenwich RI 02818-1348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : B1CF934DFEE5678DE8**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Seth Rosenthal**

Mailing Address 1500 Expo Pkwy

Radial Assoc of Sacramento

City

Sacramento

State

CA

Zip Code

95815-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiological Assoc. of Sacramento

Occupation

Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

Transaction ID : 66A212AAB9898FB8ED5

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Richard Satre**

Mailing Address 728 134th St SW

Ste 120

City

Everett

State

WA

Zip Code

98204-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2013

Transaction ID : 474AAC888914EDADF650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. John Scurlock**

Mailing Address 12127 Fairway Dr

City

Little Rock

State

AR

Zip Code

72212-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 08 / 2013

Transaction ID : FB9D71D288418368AD4

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ezequiel Silva III**

Mailing Address 3 Sheffield Park Dr

City

San Antonio

State

TX

Zip Code

78209-8307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

Transaction ID : EFA92ECD0217DDF057B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kathleen Sitarik**

Mailing Address 500 S University Ave

Radiology Associates Pa, Ste 101

City

Little Rock

State

AR

Zip Code

72205-5314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates PA

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 08 / 2013

Transaction ID : 2EC397D7EA225DE37A0

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**c. Kevin L Smith**

Mailing Address 1990 Connecticut Ave S

Regional Diagnostic Radiology, Ste

City

Sartell

State

MN

Zip Code

56377-2554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Regional Diagnostic Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 19 / 2013

Transaction ID : 46EBA35CBE272FD6869D

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2408.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory Soares**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RI Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : A4C519C23FDC80CCDB8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Julie Song**

Mailing Address 9 Lu Stubbs Ln

City

Sharon

State

MA

Zip Code

02067-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : F20CF6ADACCEDEC32F3**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Patricia Spencer**

Mailing Address 101 Dudley St

Women and Infants Hospital, Rm 615

City

Providence

State

RI

Zip Code

02905-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : 47F9BC1564FF6FF58D3**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric Stein**

Mailing Address 130 S Bryn Mawr Ave  
Bryn Mawr Hospital

City State Zip Code  
Bryn Mawr PA 19010-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of the Main Line

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.02

Date of Receipt

02 / 13 / 2013

Transaction ID : 50DD2987382516796AE

Amount of Each Receipt this Period

54.17

Full Name (Last, First, Middle Initial)

**B. Eric Stein**

Mailing Address 130 S Bryn Mawr Ave  
Bryn Mawr Hospital

City State Zip Code  
Bryn Mawr PA 19010-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of the Main Line

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.02

Date of Receipt

02 / 28 / 2013

Transaction ID : BC8A91C4BC75267C781

Amount of Each Receipt this Period

108.34

Full Name (Last, First, Middle Initial)

**c. John F. Stoll**

Mailing Address 110 Cherokee Ln

City State Zip Code  
San Antonio TX 78232-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

Transaction ID : EB1AEBD8D4D616EA625

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1162.51

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph H Tashjian**

Mailing Address 807 Summit Ave

City

Saint Paul

State

MN

Zip Code

55105-3355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Paul Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 06 / 2013

**Transaction ID : A47F6935CF148DBD390**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alvin Thaggard III**

Mailing Address 104 Cross Ln

City

San Antonio

State

TX

Zip Code

78209-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : 68026D7DD72E6560336**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John Thomas**

Mailing Address 13651 Treasure Trail Dr

City

San Antonio

State

TX

Zip Code

78232-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : BAEB31D0DD77DA5C10F**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Raymond L Thomas**

Mailing Address 515 Rosewood Dr

City

Florence

State

SC

Zip Code

29501-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florence Radiological Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2013

**Transaction ID : 9F495B7BCC57F03D187**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Thomeier**

Mailing Address 1180 Saint Mellion Dr

City

Presto

State

PA

Zip Code

15142-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tycor Imaging Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 26 / 2013

**Transaction ID : 2E092A02075FFB328B1**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Todd Tibbetts**

Mailing Address 804 Evans Ave

City

San Antonio

State

TX

Zip Code

78209-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 28 / 2013

**Transaction ID : EAB8C0C51C9308C7206**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 64  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Glenn Tung**

Mailing Address 12 Knife Shop Ln

City	State	Zip Code
Sharon	MA	02067-2274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brown Univ Sch of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : D277597C2B5E9F004E0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Shannon Turner**

Mailing Address 40 Bellegarde Dr

City	State	Zip Code
Little Rock	AR	72223-9185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : 4F2C63FFABAD9EAA929

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jorge Velez**

Mailing Address 6 Lost Timbers

City	State	Zip Code
San Antonio	TX	78248-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Texas Radiology Group

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : 7B5905D2BC3D4CBB32F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Michael Wallach**

Mailing Address 593 Eddy St

Rhode Island Hospital

City

Providence

State

RI

Zip Code

02903-4923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Hospital

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : BC73B755A900FD27DF2**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ronald Walpert**

Mailing Address 1437 Carey Way

City

Athens

State

GA

Zip Code

30606-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athens Radiology Associates, P.C.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 01 / 2013

**Transaction ID : 2CAFDB83-AB16-4046-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Felix Wang**

Mailing Address 12732 Volkwood St

City

Garden Grove

State

CA

Zip Code

92840-5955

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sierra Imaging Associates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2013

**Transaction ID : 74A1F813F25B63481F8**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 49 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. James Webb**

Mailing Address 9132 E 101st PI

City State Zip Code  
Tulsa OK 74133-6912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Oklahoma Health Sci Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2013

**Transaction ID : 31076A813B37674D850**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Weinreb**

Mailing Address PO Box 208042  
Yale Univ School of Med

City State Zip Code  
New Haven CT 06520-8042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yale University School of Medicine

Occupation  
Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2013

**Transaction ID : 27FFDDE0-89F5-4C8A-**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William Mark White**

Mailing Address 715 Pin Oak Dr

City State Zip Code  
Searcy AR 72143-4570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : BF8A31BC4BCCCF48CB9**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Eric Williams**

Mailing Address 5001 Johnson Rd

City  
Lincoln

State  
NE

Zip Code  
68516-9488

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Radiology Group, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2013

Transaction ID : 43122096CB3A4E5D5DA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph Williams**

Mailing Address 300 E Basse Rd  
Apt 1412

City

San Antonio

State

TX

Zip Code

78209-8389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

02 / 28 / 2013

Transaction ID : 090BD02E7D70B3B4F37

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Randall S. Winn**

Mailing Address PO Box 16052

City

Reading

State

PA

Zip Code

19612-6052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Reading Radiology Assoc

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2013

Transaction ID : 549E4C298E04DDE1841

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 64  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Don Yoo**

Mailing Address 10 Wood Duck Ct

City

East Greenwich

State

RI

Zip Code

02818-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rhode Island Medical Imaging

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2013

Transaction ID : 6931E36A58AB17E2637

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

72814.85

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 64

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bank of America - Hard**

Mailing Address P.O. Box 27025

City	State	Zip Code
Richmond	VA	28261-7025

Purpose of Disbursement  
Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : 5067D84212F9935E3B6

Amount of Each Disbursement this Period

1160.86
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1160.86

1160.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 21st Century Majority Fund**

Mailing Address 6065 Roswell Road, #2274

City Atlanta	State GA	Zip Code 30328
-----------------	-------------	-------------------

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**21st Century Majority Fund**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2013

**Transaction ID : 4B5CBFF5CE6CF3EF0F9**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 604

City Bel Air	State MD	Zip Code 21014
-----------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Andrew P. Harris**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

**Transaction ID : 5B18EF3347DF08B954E**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address Post Office Box 582496

City Elk Grove	State CA	Zip Code 95758
-------------------	-------------	-------------------

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ameriash B. Bera**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2013

**Transaction ID : 62DD5E63EBBF386D49E**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City  
Tarpon SpringsState  
FLZip Code  
34688-0606Purpose of Disbursement  
2014 Primary

Candidate Name

**Gus Michael Bilirakis**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

**Transaction ID : 67B1FB0CCAC44C236A5**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**Mailing Address 6849 Old Dominion Drive  
Suite 222City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
2013 Contribution

Candidate Name

**Blue Dog Political Action Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

**Transaction ID : 54B53472BED05BBB787**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address PO Box 8277

City  
the WoodlandsState  
TXZip Code  
77387Purpose of Disbursement  
2014 Primary

Candidate Name

**Kevin Brady**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

**Transaction ID : 782CF46FF6E4A9FD8DC**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Cantor for Congress**

Mailing Address PO Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Eric Ivan Cantor

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : 6D8B315C1C31F42BD99

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Capito for West Virginia**

Mailing Address PO Box 11519

City	State	Zip Code
Charleston	WV	25339

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Shelley Moore Capito

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : 7484334068EF274F1E8

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Charles W. Dent

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

Transaction ID : D670D35764ADA9027E0

Amount of Each Disbursement this Period

1500.00
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Linda Sanchez**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Mailing Address 50 E St, SE  
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : 0832F322E42080944BE**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Linda T. Sanchez**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Full Name (Last, First, Middle Initial)

**B. Cotton for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Mailing Address PO Box 379

City Dardanelle State AR Zip Code 72834

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : D0FE7CC10BC6838E62A**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Thomas Cotton**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Full Name (Last, First, Middle Initial)

**C. Dave Camp for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : 13900A80B5706F08B01**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**David Lee Camp**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dawg PAC - Democrats Against Waste in Government**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Mailing Address PO Box 83142

**Transaction ID : C70941DAB14F4A928ED**

City	State	Zip Code
Gaithersburg	MD	20883

Amount of Each Disbursement this Period

Purpose of Disbursement  
2013 Contribution

011

5000.00
---------

Candidate Name

**Dawg PAC - Democrats Against Waste in Government**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Full Name (Last, First, Middle Initial)

**B. Enzi for Us Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Mailing Address PO Box 2775

**Transaction ID : 0F966967D6E4D8495F2**

City	State	Zip Code
Cody	WY	82414

Amount of Each Disbursement this Period

Purpose of Disbursement  
2014 Primary

011

2500.00
---------

Candidate Name

**Michael B. Enzi**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY

District:

Full Name (Last, First, Middle Initial)

**C. Every Republican Is Crucial (ERICPAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

Mailing Address 25 E Main Street  
Suite 200**Transaction ID : 8ECEFA6B4E3E32194D9**

City	State	Zip Code
Richmond	VA	23219-2109

Amount of Each Disbursement this Period

Purpose of Disbursement  
2013 Contribution

011

2500.00
---------

Candidate Name

**Every Republican Is Crucial (ERICPAC)**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dick Durbin**

Mailing Address PO Box 1949

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Richard J. Durbin**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

**Transaction ID : A8BD7CF18B67B807711**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James E. Clyburn**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

**Transaction ID : 48419852775353D192C**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph Heck Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2013

**Transaction ID : E166F825168AF80CA45**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Friends of John Barrow**

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement  
2014 General

011

Candidate Name

John Jenkins Barrow

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 02015A8C7354E35F9C5

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrow**

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement  
2014 Primary

011

Candidate Name

John Jenkins Barrow

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2013

Transaction ID : 5569B4DCB5A62349825

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address PO Box 586

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement  
2014 Primary

011

Candidate Name

Max S. Baucus

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2013

Transaction ID : 114463BDB1FD5BE1A56

Amount of Each Disbursement this Period

2000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Healthcare Freedom Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

**Transaction ID : 03E8F58EAF913F9BD48**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Heartdocpac**

Mailing Address PO Box 628

City	State	Zip Code
Evansville	IN	47704-0628

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Heartdocpac**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

**Transaction ID : F4C1591ED144E7CDD16**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Jobs, Opportunities and Education PAC (JOE-PAC)**Mailing Address 50 E St, SE  
Suite 1

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Jobs, Opportunities and Education PAC (JOE-PAC)**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

**Transaction ID : 33450408BF75C7511CA**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. McCollum for Congress**

Mailing Address PO Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Betty McCollum**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2013

**Transaction ID : FC3428049B092F2E778**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. McCollum for Congress**

Mailing Address PO Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Betty McCollum**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

**Transaction ID : AB60C0DC78A328977D5**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202-2334

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Michael Clifton Burgess**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		15		2013

**Transaction ID : 168257A41F64982B711**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Frank Pallone Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

**Transaction ID : 9B1707FC0F6FA3A2EB4**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress**

Mailing Address PO Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**William J. Pascrell Jr.**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2013

**Transaction ID : B71006F059C2F5D3BC2**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Re-Elect McGovern Committee**

Mailing Address PO Box 60405

City	State	Zip Code
Worcester	MA	01606

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James Patrick McGovern**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

**Transaction ID : 04776E5D960FD511EC9**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Re-Elect Tim Griffin for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2013

Mailing Address PO Box 7526

Transaction ID : DD83AB2BC516282B556

City	State	Zip Code
Little Rock	AR	72217

Amount of Each Disbursement this Period

Purpose of Disbursement  
2014 Primary

011
Category/ Type

2000.00
---------

Candidate Name

John Timothy Griffin

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 02

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Mailing Address PO Box 450

Transaction ID : 7E3466977C10E6129E7

City	State	Zip Code
Victor	NY	14564-0450

Amount of Each Disbursement this Period

Purpose of Disbursement  
2014 Primary

011
Category/ Type

1000.00
---------

Candidate Name

Thomas W. Reed II.

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2013

Mailing Address PO Box 490

Transaction ID : A6B0498E6A279515407

City	State	Zip Code
St. Joseph	MI	49085

Amount of Each Disbursement this Period

Purpose of Disbursement  
2014 Primary

011
Category/ Type

2500.00
---------

Candidate Name

Fredrick Stephen Upton

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Value in Electing Women Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
2013 Contribution

011

**Transaction ID : 4D67FCB728DE858139E**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Value in Electing Women Political Action Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2013

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2014 Primary

011

**Transaction ID : BFC0D6477B8EB84FA28**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**John M. Shimkus**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 15

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

81500.00